

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-017430

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4768

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED MAY 9 1963

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN

St Louis

Length of stay in 1b

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

c. CITY  
OR  
TOWN

St Louis

Inside Limits

Yes ☐ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

5754 COTE BRILLIANT

Inside Limits

Yes ☐ No ☐d. STREET  
ADDRESS

(If outside, give location)

5754 COTE BRILLIANT

Reside on Farm

Yes ☐ No ☐

## 3. NAME OF DECEASED

(Type or print)

First  
Chester

Middle

Last  
BROWN4. DATE  
OF  
DEATH

Month

Day

Year

MAY 1 1963

## 5. SEX

M

## 6. COLOR OR RACE

C

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

1-26-1895 68

## 9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

3 4

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

WATCHMAN

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

PARIS TEX.

## 12. CITIZEN OF WHAT COUNTRY

## 13a. FATHER'S NAME

JAMES BROWN

## 13b. MOTHER'S MAIDEN NAME

PRISCILLA WILLIAMS

## 14. NAME OF HUSBAND OR WIFE

JESSIE BROWN

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv)

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

JESSIE BROWN COTE BRILLIANT

Address 5754

## 18. CAUSE OF DEATH (Enter only one cause per line)

## PART I: DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Carcinoma of Stomach

## INTERVAL BETWEEN ONSET AND DEATH

5 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

151X

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT SUICIDE HOMICIDE

☐☐☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

p.m.

Month; Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Dec. 1962 to May 1, 1963 and last saw her alive on April 30, 1963

Death occurred at 6:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

Lennie J. Bond M.D.

(Degree or title)

## 22b. ADDRESS

5805 Easton Ave.

## 22c. DATE SIGNED

5/1/63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

## 23b. DATE

5-6-63

## 23c. NAME OF CEMETERY OR CREMATORY

NATIONAL CEM

## 23d. LOCATION (City, town, or county)

JEFFERSON BK. MO

(State)

## 24. FUNERAL DIRECTOR

WALTON 2707 Stoddard

ADDRESS

## 25. DATE RECD. BY LOCAL REG.

MAY 1 1963

## 26. REGISTRAR'S SIGNATURE

Lennie J. Bond M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 1123 N Taylor

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.